

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10/586,034</div>		FILING DATE <div style="font-size: 1.2em; font-family: cursive;">7-13-06</div>					
APPLICANT(S)													
<b>CLAIMS</b>													
	AS FILED <i>Article 34</i>		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
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